

# IB1: NON-CONTROLLED MEDICATION ORDER DOCUMENTATION

## Policy

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Medications are administered only upon the clear, complete, and signed order of a person lawfully authorized to prescribe. Verbal orders for non-controlled medications are received only by licensed nurses or pharmacists and confirmed in writing by the prescriber within **72 hours**. Verbal orders received by pharmacists must also be communicated to the facility by the prescriber or via telephone order procedure. Medication orders from physician assistants, nurse practitioners, clinical nurse specialists and pharmacists are accepted if they comply with the requirements listed below, are in accordance with state and federal law, and comply with applicable and authorized formularies, therapeutic interchange programs, generic substitution or prescribing protocols that have been provided to the facility by the responsible physician. **All new medication orders are in effect for a 30-day supply for a 12 month period for all orders unless otherwise noted or limited by state & federal regulations.** To facilitate effective communication, documentation, and aid in prevention of medication errors, medication orders should be clear and concise and free of potentially dangerous abbreviations (See APPENDIX 1: FACILITY MEDICAL ABBREVIATIONS and APPENDIX 2 FACILITY MEDICAL ABBREVIATIONS DO NOT USE).

## Procedures

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### A. Elements of the Medication Order

- 1) Medication orders specify the following\*:
  - a. Date written or date verbal order taken
  - b. Resident first and last name
  - c. Complete name of medication, including XL, DR, CR
  - d. Strength of medication, where indicated.
  - e. Dose and dosage form, cream, ointment, tablet or capsule
  - f. Time or frequency of administration.
  - g. Route of administration.
  - h. Quantity or duration (length) of therapy. If not specified by prescriber, **all new medication orders are in effect for a 30-day supply for a 12 month period for all orders unless otherwise noted or limited by state & federal regulations** or the duration is limited by time limited order policy (See IB3: TIME LIMITED ORDERS), when applicable until pharmacy is notified of actual stop date.
  - i. Diagnosis or indication for use.
  - j. Prescriber's first and last name
  - k. Nurses first and last name
- 2) PRN (as needed) orders clearly delineate the frequency and condition for which they are being administered, for example, "every 4 hours as needed for pain," or "at bedtime as needed for sleep."

- B. Any dose or order that appears inappropriate considering the resident's age, condition, allergies, or diagnosis is verified by nursing with the attending physician
- C. The prescriber is contacted by nursing to verify or clarify an order (e.g., when the resident has allergies to the medication, there are contraindications to the medication, significant drug interactions are present, or the directions are confusing).
- D. The prescriber is contacted by nursing for direction when delivery of a medication will be delayed or the medication is not or will not be available.
- E. Documentation of the Medication Order
  - 1) Each medication order is documented in the resident's medical record with the date, time, and signature of the person receiving the order. The order is recorded on the physician order or the telephone order or entered into the electronic medical records system, if it is a verbal order, and on the Medication Administration Record (MAR) or Treatment Administration Record (TAR) or electronic medical records system.
    - a. New Handwritten Orders
      - 1. By the prescriber while present in the facility.
        - a) The nurse on duty at the time the order is received enters it on the **physician order sheet/telephone order sheet or enters the order into the electronic medical records system** if not written there by the prescriber, and notes the order as follows: ["Noted 3:00 p.m., 5/17/2011, M. Jones, R.N."].
        - b) If necessary, the order and the indication for its use are clarified and the prescriber's signature is obtained before the prescriber leaves the nursing station.
      - 2. Sent with the resident from an office visit.
        - a) The nurse on duty at the time the order is received enters it on the **physician order sheet/telephone order sheet or enters the order into the electronic medical records system** and notes the order as follows: ["Noted 3:00 p.m., 5/17/2011 M. Jones, R.N."].
        - b) If the order is from a prescriber other than the attending physician, the order is verified with the current attending physician.
    - b. New Verbal Orders
      - 1. The nurse documents the verbal order and the reason for its use on the **telephone order sheet/physician's order sheet or enters the order into the electronic medical record system** as follows: ["Noted 3:00 p.m. 5/17/2011, M. Jones, R.N."] and completes the following steps.
        - a) Mail or deliver or sends the appropriate copy or notification of the telephone order to the attending physician for signing.

- b) Transmit the appropriate copy to the pharmacy for dispensing.
      - c) Obtain prescriber signature within **72 hours**.
    - 2. Place the signed copy on the designated page in the resident's medical record if using a paper system.
  - c. Written Transfer Orders (sent with a resident by a hospital or other health care facility)
    - 1. Implement a transfer order without further validation if it is signed and dated by the resident's current attending physician, unless the order is unclear or incomplete or the date signed is different from the date of admission.
    - 2. If the order is unsigned or signed by another prescriber or the date is other than the date of admission, the receiving nurse verifies the order with the current attending physician before medications are administered. The nurse documents verification on the admission order record by entering the time, date, and signature. Example: "Order verified by phone with Dr. Smith/M. Jones, R.N."
    - 3. **Obtain the indication for each medication ordered.**
    - 4. The nurse who transcribes the orders to the **physician order sheet and MAR or electronic system** documents on the admission form the date, the time and by whom the orders were noted, as follows: ["Noted 3:00 p.m., 5/17/2011, M. Jones, R.N."].
  - d. Renewed or Recapitulated (Recapped) Orders (to continue a medication therapy beyond a previous order with limited duration)
    - 1. The prescriber renews the order either by repeating the entire order process or with a statement such as ["continue XXX for ten days."]. **The prescriber writes a new order for continued therapies that require a change in directions, dosage form, or strength.**
    - 2. Medication orders are recapped on a **monthly** basis when the prescriber signs the physician order summary. A designated nurse reviews the order summary before giving it to the prescriber to sign.
  - e. Orders Faxed From the Physician's Office
    - 1. The nurse on duty at the time the order is received notes the order and enters it on the physician order sheet or enters into the electronic medical records system.
- 2) The following steps are initiated to complete documentation and receive the medications:
- a. Clarify the order.
  - b. Call, fax, or electronically transfer the medication order to MAC Rx.

- c. Transcribe newly prescribed medications on the MAR or TAR. When a new order changes the dosage of a previously prescribed medication, discontinue the previous entry by **writing "DC'd" and the date and highlighting the entry in yellow**. Enter the new order on the MAR/TAR. **If an electronic medical record system is in use, discontinue the previous order and enter the new order.**
  - d. After completion, document each medication order entered on the appropriate form with date, time, and signature. [Example: "Noted 1:15 p.m., 5/17/2011. M. Jones, R.N."]
- 3) Standing orders **are** accepted for **prescription medications, treatments, and nonprescription medications**. The nurse implementing the standing order(s) adds the order to the MAR.

F. Scheduling New Medication Orders on the Medication Administration Record (MAR)

- 1) Non-Emergency Medication Order
  - a. The first dose of medication is scheduled to be given after the next regularly scheduled pharmacy delivery to the facility.
- 2) Emergency/STAT Medication Order (Medication Contained in Emergency Supply)
  - a. The nurse to ensure that a new valid order is received from the prescriber and review the Emergency Kit list for availability.
  - b. Schedule the appropriate number of doses to be administered prior to the regularly scheduled pharmacy delivery. Thereafter, doses are scheduled according to facility policy. (See IC5: EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS and Appendix 9: SAMPLE MEDICATION ADMINISTRATION SCHEDULE).
- 3) Emergency/STAT Medication Order (Medication NOT Contained in Emergency Medication Supply)
  - a. An emergency/STAT order is placed and validated with MAC Rx, and the medication is scheduled to be given as soon as received and verified or within **four (4) hours**, whichever is sooner. Subsequent doses are scheduled according to facility policy.

G. Receipt of Orders from Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, and Pharmacists

- 1) Orders may be accepted from non-physician personnel licensed to work with the resident's physician, if state law permits.
- 2) The orders must comply with all the legal requirements for a physician's medication order.
- 3) The responsible physician countersigns the orders.
- 4) Applicable formularies, protocols, or prescribing guidelines are kept on file in the facility and are followed closely.

H. New or readmission orders will only be deemed valid by MAC Rx, after a prescriber has verified the orders. Hospital transfer orders will not be accepted as valid by the pharmacy